

GRANT COUNTY BOARD OF COUNTY COMMISSIONERS

Memo

To:

Board of County Commissioners

From

Janice Flynn, Administrative Services Coordinator

Date:

February 17, 2023

Re:

Authorization for Release of BOCC Approved Funds, Dept of Commerce,

E-RAP 2.0 Grant #21-4619C-108, Opportunities Industrialization Center (OIC),

Request #15

Opportunities Industrialization Center (OIC) has requested reimbursement for the above-referenced grant, per the contracted guidelines in the amount of \$34,618.95 The supporting documentation is attached for your review.

I am requesting the release of funds for payment to OIC in the amount of \$34,618.95 for January 2023 expenses.

Thank you.

RECEIVED
FEB 1 7 2023
GRANT COUNTY COMMISSIONERS

ERAP 2.0 Voucher Detail Workshe

\$34,618.95	Invoice Total:								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Totals \$34,618.95	Totals	
\$0.00									By and For Advance
\$0.00									Rent/Utilities Advance
\$0.00									By and For Subcontracting
\$29,968.53							\$29,968.53		Rent and Utility Assistance
\$4,650.42							\$4,650.42		Operations
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For User: CHARLENE PARKS
Fund Expenditure report for: 498 - ERAP 2.0 10/1/21-6/30/23 (Fund status: Active)

Report year: 10/1/2021 thru 6/30/2023 Period ending: January 2023 Page: Page 1 of 4 Date: 2/16/2023 Time: 2:36:05 PM

			Monthly-			To Date			
Account	f	Budget	Expenditures	Pct	Budget	Expenditures	Pct	Annual budget	Unexpended
Department:	ent: 008 DIRECT ADMIN								
Program:	1: 80 CEO OFFICE								
5311	SALARIES,WAGES EXPENSE	\$171.00	\$0.00	0.00%	\$2,736.00	\$2,940.02	107.46%	\$3,608.26	\$668.24
5351	FICA,OIC EXP	\$8.00	\$0.00	0.00%	\$128.00	\$155.14	121.20%	\$182.26	\$27.12
5352	L AND I,OIC SHARE	\$0.00	\$0.00	0.00%	\$0.00	\$6.65	0.00%	\$8.10	\$1.45
5353	STATE UCI(ES),OIC EXP	\$1.00	\$0.00	0.00%	\$16.00	\$26.95	168.44%	\$32.19	\$5.24
5355	PAID FAMILY MEDICAL LEAVE	\$0.00	\$0.00	0.00%	\$0.00	\$11.76	0.00%	\$13.67	\$1.91
5360	DISABILITY OIC EXPENSE	\$1.00	\$0.00	0.00%	\$16.00	\$24.50	153.13%	\$29.99	\$5.49
5361	MEDICAL INSURANCE, OIC EXP	\$16.00	\$0.00	0.00%	\$256.00	\$297.44	116.19%	\$356.55	\$59.11
5362	LIFE INSURANCE, OIC EXP	\$0.00	\$0.00	0.00%	\$0.00	\$11.16	0.00%	\$13.48	\$2.32
5363	PENSION,OIC EXP	\$13.00	\$0.00	0.00%	\$208,00	\$233.77	112.39%	\$290.54	\$56.77
5364	ACCRUED PTO EXP	\$18.00	\$0.00	0.00%	\$288.00	\$302.52	105.04%	\$382.17	\$79.65
5602	DEPRECIATION EXP EQUIP	\$0.00	\$0.00	0.00%	\$0.00	\$0.72	0.00%	\$0.75	\$0.03
5910	INSURANCE	\$0.00	\$0.00	0.00%	\$0.00	\$3.75	0.00%	\$3.23	(\$0.52)
5960	COMMUNICATION	\$1.00	\$0.00	0.00%	\$16.00	\$36.36	227.25%	\$37.32	\$0.96
5982	MISC. PROGRAM EXPENSE	\$0.00	\$0.00	0.00%	\$0.00	\$1,500.00	0.00%	\$0.00	(\$1,500.00)
Tot	Total for sub program>	\$229.00	\$0.00	0.00%	\$3,664.00	\$5,550.74	151.49%	\$4,958.51	(\$592.23)
Sub program:	gram: 50 FACILITY MAINT								
5601	DEPRECIATION EXP BLDG.	\$0.00	\$0.00	0.00%	\$0.00	\$6.67	0.00%	\$5.71	(\$0.96)
5602	DEPRECIATION EXP EQUIP	\$0.00	\$0.00	0.00%	\$0.00	\$0.07	0.00%	\$0.04	(\$0.03)
5611	SPACE	\$5.00	\$0.00	0.00%	\$80.00	\$137.50	171.88%	\$116.54	(\$20.96)
5630	UTILITIES	\$1.00	\$0.00	0.00%	\$16.00	\$33.22	207.63%	\$30.51	(\$2.71)
5640	BUILD. REPAIR/MAINT.	\$1.00	. \$0.00	0.00%	\$16.00	\$49.11	306.94%	\$41.00	(\$8.11)
5910	INSURANCE	\$0.00	\$0.00	0.00%	\$0.00	\$0.24	0.00%	\$0.26	\$0.02
5912	LIABILITY INSURANCE	\$0.00	\$0.00	0.00%	\$0.00	\$14.82	0.00%	\$12.35	(\$2.47)
Tot	Total for sub program 50>	\$7.00	\$0.00	0.00%	\$112.00	\$241.63	215.74%	\$206.41	(\$35.22)
Total	Total for program 80>	\$236.00	\$0.00	0.00%	\$3,776.00	\$5,792.37 153.40%	153.40%	\$5,164.92	(\$627.45)

Program:

82 CFO / FISCAL

OIC OF WASHINGTON
For User: CHARLENE PARKS

Fund Expenditure report for: 498 - ERAP 2.0 10/1/21-6/30/23 (Fund status: Active)

Report year: 10/1/2021 thru 6/30/2023 Period ending: January 2023 Page: Page 2 of 4 Date: 2/16/2023 Time: 2:36:07 PM

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Account		Budget	Expenditures	Pct	Budget	Expenditures	Pct	Annual budget	Unexpended
5311	SALARIES, WAGES EXPENSE	\$411.00	\$0.00	0.00%	\$6,576.00	\$7,685.84	116.88%	\$8,646.88	\$961.04
5351	FICA, OIC EXP	\$30.00	\$0.00	0.00%	\$480.00	\$575.19	119.83%	\$649.15	\$73.96
5352	L AND I,OIC SHARE	\$1.00	\$0.00	0.00%	\$16.00	\$21.32	133.25%	\$23.14	\$1.82
5353	STATE UCI(ES),OIC EXP	\$5.00	* \$0.00	0.00%	\$80.00	\$101.47	126.84%	\$113.52	\$12.05
5355	PAID FAMILY MEDICAL LEAVE	\$2.00	\$0.00	0.00%	\$32.00	\$44.93	140.41%	\$50.16	\$5.23
5360	DISABILITY OIC EXPENSE	\$5.00	\$0.00	0.00%	\$80.00	\$97.16	121.45%	\$110.91	\$13.75
5361	MEDICAL INSURANCE, OIC EXP	\$65.00	\$0.00	0.00%	\$1,040.00	\$1,228.30	118.11%	\$1,370.17	\$141.87
5362	LIFE INSURANCE, OIC EXP	\$2.00	\$0.00	0.00%	\$32.00	\$41.70	130.31%	\$47.77	\$6.07
5363	PENSION, OIC EXP	\$30.00	\$0.00	0.00%	\$480.00	\$569.16	118.58%	\$646.35	\$77.19
5364	ACCRUED PTO EXP	\$50.00	\$0.00	0.00%	\$800.00	\$856.99	107.12%	\$1,054.19	\$197.20
5602	DEPRECIATION EXP EQUIP	\$0.00	\$0.00	0.00%	\$0.00	\$3.04	0.00%	\$2.90	(\$0.14)
5910	INSURANCE	\$0.00	\$0.00	0.00%	\$0.00	\$21.18	0.00%	\$19.44	(\$1.74)
5960	COMMUNICATION	\$5.00	\$0.00	0.00%	\$80.00	\$84.98	106.23%	\$111.40	\$26.42
Tot	Total for sub program>	\$606.00	\$0.00	0.00%	\$9,696.00	\$11,331.26	116.87%	\$12,845.98	\$1,514.72
Sub program:	gram: 50 FACILITY MAINT								
5601	DEPRECIATION EXP BLDG.	\$1.00	\$0.00	0.00%	\$16.00	\$20.70	129.38%	\$23,41	\$2.71
5602	DEPRECIATION EXP EQUIP	\$0.00	\$0.00	0.00%	\$0.00	\$0.17	0.00%	\$0.16	(\$0.01)
5611	SPACE	\$23.00	\$0.00	0.00%	\$368.00	\$430.04	116.86%	\$485.40	\$55.36
5630	UTILITIES	\$6.00	\$0.00	0.00%	\$96.00	\$111.83	116.49%	\$131.34	\$19.51
5640	BUILD. REPAIR/MAINT.	\$10.00	\$0.00	0.00%	\$160.00	\$183.58	114.74%	\$213.16	\$29.58
5910	INSURANCE	\$0.00	\$0.00	0.00%	\$0.00	\$0.88	0.00%	\$1.11	\$0.23
5912	LIABILITY INSURANCE	\$2.00	\$0.00	0.00%	\$32.00	\$45.48	142.13%	\$50.83	\$5.35
Tota	Total for sub program 50>	\$42.00	\$0.00	0.00%	\$672.00	\$792.68	117.96%	\$905.41	\$112.73
Total i	Total for program 82>	\$648.00	\$0.00	0.00%	\$10,368.00	\$12,123.94	116.94%	\$13,751.39	\$1,627.45
Total for	Total for department 008>	\$884.00	\$0.00	0.00%	\$14,144.00	\$17,916.31	126.67%	\$18,916.31	\$1,000.00
Department: Program:)))	
5311	SALARIES, WAGES EXPENSE	\$1,893.00	\$2;987.84	157.84%	\$30,288.00	\$46,446.11	153.35%	\$39,753.20	(\$6,692.91)

OIC OF WASHINGTON
For User: CHARLENE PARKS

Fund Expenditure report for: 498 - ERAP 2.0 10/1/21-6/30/23 (Fund status: Active)

Report year: 10/1/2021 thru 6/30/2023

Period ending: January 2023 Report year: 10/1/2021 thru 6/30/2023

Page: Page 3 of 4 Date: 2/16/2023 Time: 2:36:08 PM

Account 5351 5352 5353 5355 5360 5361	FICA,OIC EXP L AND I,OIC SHARE STATE UCI(ES),OIC EXP PAID FAMILY MEDICAL LEAVE DISABILITY OIC EXPENSE MEDICAL INSURANCE,OIC EXP	\$136.00 \$9.00 \$30.00 \$13.00 \$30.00 \$529.00 \$11.00	Monthly	Pct 160.71% 204.44% 105.60% 196.08% 136.47% 121.30%	-1	Budget \$2,176.00 \$144.00 \$480.00 \$208.00 \$480.00 \$8,464.00 \$176.00	Budget Expenditures \$2,176.00 \$3,430.93 \$144.00 \$252.54 \$480.00 \$592.69 \$208.00 \$307.47 \$480.00 \$580.63 \$8,464.00 \$7,050.64 \$176.00 \$232.45	t Exp \$	To Date Expenditures Pct Ann \$3,430.93 157.67% \$252.54 175.38% \$592.69 123.48% \$307.47 147.82% \$580.63 120.96% \$7,050.64 83.30% \$\$232.45 132.07%
8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	STATE UCI(ES),OIC EXP PAID FAMILY MEDICAL LEAVE	\$30.00 \$13.00	\$31.68 \$25.49	105.60% 196.08%	\$480.00 \$208.00		\$592.69 \$307.47		123.48% 147.82%
5360 5361	DISABILITY OIC EXPENSE MEDICAL INSURANCE,OIC EXP	\$30.00 \$529.00	\$40.94 \$641.67	136.47% 121.30%	\$480.00 \$8,464.00		\$580.63 \$7,050.64		120.96% 83.30% \$1
5362 5363	LIFE INSURANCE, OIC EXP	\$11.00 \$153.00	\$16.28 \$223 03	148.00% 145.77%	\$176.00 \$2 448 00	,	\$232.45 \$3.512.74		132.07% 143.49% \$:
5364	ACCRUED PTO EXP	\$609.00	\$327.49	53.78%	\$9,744.00		\$4,290.57		44.03% \$
5500	TRAVEL	\$29.00	\$0.00	0.00%	\$377.00		\$29.25		7.76%
5602	DEPRECIATION EXP EQUIP	\$1.00	12.80 \$0.00	0.00%	\$16.00		\$20.28	\$20.28 126.75%	
5712	REPRODUCTION SUPPLIES	\$12.00	\$0.00	0.00%	\$192,00		\$15.01	\$15.01 7.82%	7.82%
5728	DRUG/ALCOHOL REHAB SCREE	\$0.00	16.89 \$0.00	0.00%	\$0.00		\$50.00	\$50.00 0.00%	
5910 5960	COMMUNICATION	\$7.00 \$51.00	5.68 \$0.00	153.14% 0.00%	\$112.00 \$816.00		\$161.90 \$175.47	\$161.90 144.55% \$175.47 21.50%	
Total	Total for sub program> Total for program 25>	\$3,513.00 \$3,513.00	\$4,542.10 + 337 \$4,542.10	129.29% (may, H #) 129.29%	129.29% \$56,121.00 Prov. Hay 4,577. 47 129.29% \$56,121.00	1	\$67,148.68 \$67,148.68	\$67,148.68 119.65% \$67,148.68 119.65%	*
Program : 5959	n: 30 DIRECT SERVICES SERVICES	\$25,521.00	\$29,968.53	117.43%	\$408,336.00		\$425,741.58	\$425,741.58 104.26%	
Tol	Total for sub program>	\$25,521.00	\$29,968.53	117.43%	\$408,336.00	141	\$425,741.58	\$425,741.58 104.26%	,
Total fo	Total for program 30>	\$25,521.00	\$29,968.53	117.43%	\$408,336.00		\$425,741.58	\$425,741.58 104.26%	
5601	DEPRE(\$19,00	\$0.00	0.00%	\$304.00		\$144.21	\$144.21 47.44%	
5602	DEPRECIATION EXP EQUIP	\$0.00	\$0.00	0.00%	\$0.00		\$0.04	\$0.04 0.00%	
5611	SPACE	\$16.00	. \$0.00	0.00%	\$256.00		\$140.87	\$140.87 55.03%	
5630	UTILITIES	\$20.00	\$0.00	0.00%	\$320.00		\$76.02	\$76.02 23.76%	
5640	BUILD. REPAIR/MAINT.	\$22.00	\$0.00	0.00%	\$352.00		\$72.96	\$72.96 20.73%	
5910	INSURANCE	\$0.00	\$0.00	0.00%	\$0.00		\$0.15	\$0.15 0.00%	

OIC OF WASHINGTON For User: CHARLENE PARKS Fund Expenditure report for: 498 - ERAP 2.0 10/1/21-6/30/23 (Fund status: Active)	AP 2.0 10/1/21-	-6/30/23 (Fund s	tatus: Activ	е)			Page:	Page: Page 4 of 4
Report year: 10/1/2021 thru 6/30/2023	023	· Perio	d ending: J	Period ending: January 2023			Date: 2 Time: 2	Date: 2/16/2023 Time: 2:36:09 PM
	the control of the state of the	Monthly			To Date-			
Account	Budget	Expenditures	Pct	Budget	Expenditures	Pct	Annual budget	Unexpended
5912 LIABILITY INSURANCE	\$8.00	\$0.00	0.00%	\$128.00	\$41.17	32.16%	\$187.73	\$146.56
Total for sub program>	\$85.00	\$0.00	0.00%	\$1,360.00	\$475.42	34.96%	\$1,841.09	\$1,365.67
Total for program 50>	\$85.00	+7295 \$0.00	0.00%	\$1,360.00	\$475.42	34.96%	\$1,841.09	\$1,365.67
Total for department 010>	\$29,119.00	\$34,510.63	118.52%	\$465,817.00	\$493,365.68	105.91%	\$611,619.22	\$118,253.54
Fund Totals	\$30,003.00	\$34,510.63 115.02% +108,32 pres. Mu	115.02% Mes. Mc	\$479,961.00	\$511,281.99 106.53%	106.53%	\$630,535.53	\$119,253.54
		34,618.95	S					

12.80 16.89 72.95 72.95



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Rent Assistance Program 2.0 (ERAP 2.0) - Report Form - VERSION 4

In alropdown) Rental Type Rental Type Rental Type Rental Type Rental Indelocit Ind	30% or less		Hispanic/Latin(a)(o)(x)		Cisgender Woman		\$ 335.03		2		410
Packaged Packaged Educy comploying years or nowth that matched it is involve or inhibitationate and playing forms	30% or less		Hispanic/Latin(a)(o)(x)		Cisgender Woman		\$ 197.77		2		345
Part	31-50%		Hispanic/Latin/al/Ol/x)	White	Cisgender Man		\$ 359.60		4		427
Standarde	31-50%		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	no	\$ 634.83		4		412
Standarde	31-50%		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Man	no	\$ 195.71	AND ONLY HOUSE AND	2		
Standard Periods Engant Periods (the contractional graphs from	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	no	\$ 262.99		The second secon		PADON
Contact:	30% or less	eased rental unit	Non-Hispanic/Non-Latin(a)(o)(x le	White		no	\$ 357.81		2		
Colorabor Colo	51-80%		Non-Hispanic/Non-Latin(a)(o)(x)	White		no	\$ 441.22		2		418
Propert Period:	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White		no lo			7		420
Contact:	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	idil	000	1		. 6		393
Page of Pariety Page of Page Page of Page Page of Page	31-50%		Hispanic/Latin/al/ol/x)	White					4		
Pageof Period Pageof Perio	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White		no			5		
Page of Page	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White		no			5		118
Regard Federic corresponding week or month) had matches the involore eliminator request. March all of the infirmation below to the information collected on the EDAD 2.00 Power formation below to the information collected on the EDAD 2.00 Power formation below to the information collected on the EDAD 2.00 Power formation. Foot and in of marks of Station of Station of marks of Station of	51-80%		Hispanic/Latin(a)(o)(x)	White		no	234.35		STATE OF THE PARTY		413
Regard Feriod Store corresponding work or month) that match as the involor enimbursement exquest. March all of the information below to the information collected on the BDAD 2.00 Payment from the protest period of the information below to the information collected on the BDAD 2.00 Payment from the polyment of the information below to the information collected on the BDAD 2.00 Payment from the polyment of the information below to the information collected on the BDAD 2.00 Payment from the polyment of the information below to the information collected on the BDAD 2.00 Payment from the polyment of the BDAD 2.00 Payment from the BDAD 2.00 Paym	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	no			2		411
Region Feriod Store Contents of Household Parentin for Contents on the Involve elimination request. March all of the information below to the Information collected on the EDDA 2.00 Parentin for the Information collected on the EDDA 2.00 Parentin	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	no			3		411
Report Periods:	30% or less	eased rental unit	Non-Hispanic/Non-Latin(a)(o)(x) le	White	Cisgender Woman	no			4		384
Report Periodic	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman				1		182
Report Periodic Enter corresponding week or month that matches the involce elimburaement request. Match all of the information below to the information collected on the ERDA 2.04 Payment property part periodic.	31-50%		Hispanic/Latin(a)(o)(x)	White	Cisgender Man	no			3		
	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	8 8			2		
Report Period: Report Period: Entre corresponding week or month that matches the involves reinhutzement request. March all of the information below to the information collected on the ERAP 2.0 Paymont of the information show to the information collected on the ERAP 2.0 Paymont of the	51-80%		Hispanic/Latin(a)(o)(x)	White	Cisander Woman	8 8			2		340
Report Pariety	51-80%		Hispanic/Latin(a)(o)(x)	White	Cisgender Woman	no			2		
Report Pendic Either corresponding week or month that matches the involce reimbursement request. Match all of the information below to the information collected on the EMAP 20 Power pendic of the information of the information policy of the information collected on the EMAP 20 Power pendic of the information of the information policy of the information of the information of the information of the information of the EMAP 20 Power pendic of the information of the EMAP 20 Power pendic of the information of the information of the EMAP 20 Power pendic of the information of the EMAP 20	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	no			4		399
Report Pariodic Eiter corresponding week or month that matches the involce reimbursement request. Match all of the information below to the information cellected on the EMAP 2.0 Power policidors	30% or less		Hispanic/Latin(a)(o)(x)	White		no			8		334
Report Period: Report Period: Energy Symmetry (Promotion and Eighbilly Form. Provided information and Eighbilly Form. Provided information and Eighbilly Form. Provided information (Report Period) Report Period (Report Period) Report Period (Report Period) Provided information (Report Period) Report Period (Report Period) Report Peri	30% or less					no			4		258
Report Period: End E	30% or less	eased lot space/mooring fee				no			1		208
Report Period: Report Period: Energy	30% or less	eased rental unit				no			7		395
Report Periods: Household information and Eligibility Form. Household information in the Provided Pro	30% or less	eased rental unit			Cisgender Woman	00			2		368
Report Period: Report Period: Ener corresponding week or month that matches the Invoice reimbursement request. March all of the information to below to the information collected on the ERAP 2.0 Period Control of the information made Eightility Form.	31,50% or less		Hispanic/Latin(a)(o)(x)		Cisgender Woman	no	\$ 730.27		5		397
Regart Period: Regart Period: Enter corresponding week or morth that matches the Invoice reimbursement request. March all of the information thelow to the information collected on the ERAP 2.0 Period Professional Professio	31-50%		Hispanic/Latin(a)(o)(x)	White	Cisgender Woman						396
Report Period: Report Period: Enter corresponding week or month that matches the Invoice reimbursement request. Match all of the information collected on the ERAP 2.0 Payment Information and Eligibility Form. Received Protection	31-50%		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman				2		379
Report Period: Report Period: Enter corresponding week or month that matches the Invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Payment Information and Eligibility Form. Household information fighted the information collected on the ERAP 2.0 Payment Information and Eligibility Form. Household information and Eligibil	31-50%		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman				2		1967
Regort period: Enter-corresponding week or month that matches the Invoice reimbursement request. Match all of the Information below to the Information collected on the ERAP 20 Paymont Formation and Eligibility Form.	31-50%		Non-Hispanic/Launidalio/(x)	White	Cisgender Woman				4		377
Report Period: Enter corresponding week or month that matches the Invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Paym port period: South No. of Washington S	31-50%	eased rental unit		White	Cisgender Woman		\$ 196.61				389
Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Payment period:	31-50%			White	Cisgender Woman	no	\$ 227.63				386
Regort Period: Regort Period: Fine: corresponding week or month that matches the Invoice reimbursement request. Match all of the Information below to the Information collected on the ERAP 2.0 Payment Fine Provided in Information and Eligibility Form.	51-80%	eased rental unit			Cisgender Woman	00	\$ 203.49		2		385
Report Pariad: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Faym	31-50%	eased rental unit			Cisgender Woman		5 134.32		2		335
Report Period: Report Period:	31-50%		Hispanic/Latin(a)(o)(x)	tawaiian or Pacific Islan	Cisgender Man				1		354
Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the <i>ERAP 2.0 Payment</i> property and the information below to the information bel	31-50%		Hispanic/Latin(a)(o)(x)		Cisgender Man				V and the second		354
Report Period: Report Period: Enter corresponding week or month that matches the invoice relimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Paym	30% or less		Hispanic/Latin(a)(o)(x)	White	Cisgender Woman						383
Intercetions: Regard Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Payment information collected on the ERAP 2.0 Payment information or information collected on the ERAP 2.0 Payment information collected on the ERAP 2.0 Payment information or information collected on the ERAP 2.0 Payment information or information collected on the ERAP 2.0 Payment information or information collected on the ERAP 2.0 Payment information in the information collected on the ERAP 2.0 Payment information in the information collected on the ERAP 2.0 Payment in information collected on the ERAP 2.0 Payment in information in the information collected on the ERAP 2.0 Payment in information in the information collected on the ERAP 2.0 Payment in information in the information collected on the ERAP 2.0 Payment in information in the information collected on the ERAP 2.0 Payment in information in the information collected on the ERAP 2.0 Payment in information in the information collected on the ERAP 2.0 Payment in information in information in information collected on the ERAP 2.0 Payment in information	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman						125
Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Paym	30% or less		Hispanic/Latin(a)(o)(x)	Airican Ame	Cisgender Woman				7		366
Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the <i>ERAP 2.0 Payment</i> notal No. of Innuary, 2023 Grantee: January, 2023 Household Information and Eligibility Form: Head of Household is 18- Fordal no. of months of rental assistance and information below to the information below to the information below to the information below to the information collected on the <i>ERAP 2.0 Payment</i> information below to the information below to the information collected on the <i>ERAP 2.0 Payment</i> information below to the information collected on the <i>ERAP 2.0 Payment</i> information below to the information below to the information collected on the <i>ERAP 2.0 Payment</i> information below to the information below to the information collected on the <i>ERAP 2.0 Payment</i> information below to the information collected on the <i>ERAP 2.0 Payment</i> information below to the information below	31-50%		Hispanic/Latin(a)(o)(x)		Cisgender Woman				7		370
Instructions: Report Period: Enter corresponding week or month that matches the invoice relimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Payment period: Grantee: OlC of Washington OlC of Washington	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	frican Ame	Cisgender Woman				5		369
Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Payment Information and Eligibility Form. Grantee: Grantee: January, 2023 Samuary, 2023 January, 2023 Januar	30% or less		Non-Hispanic/Non-Latin(a)(o)(x	frican Ame	Cisgender Woman						
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Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Payment Information and Eligibility Form. OIC of Washington January, 2023 85 Total no. of months of rental assistance utilities assistance utilities assistance or utilities assistance and information and Eligibility Form. Head of Household is 18- Youth 16-17 Head of Household is 18- Youth 16-17 American Indian/Alasia Non-Hispanic/Non- Non-Hispanic/	30% or less		Non-Hispanic/Non-Latin(a)(o)(x)	White	Cisgender Woman	_	\$ 224.24		- A		324
Report Period: Enter corresponding week or month that matches the invoice reimbursement request. Match all of the information below to the information collected on the ERAP 2.0 Paym Household Information and Eligibility Form. OIC of Washington S	31 500/		Latin(a)(o)(x)	Indigeno							
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	Percent Area Median Inco (AMI)	Rental Type	Ethnicity	Race	_	24 or Unaccompanied Youth 16-17	Total Utilities Assistance Provided	Total Rental Assistance Provided	Total no. of months of utilities assistance	Total no. of months of rental assistance	Household ID
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	ment Forms and	cted on the EKAP 2.0 Pay	the information collec	he information below t	request. Match all of t	invoice reimbursement	nonth that matches the	orresponding week or n	Report Period: Enter c		Instructions:
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Add	51-80%		Hispanic/Latin/a/Yol/x)	White				2	465
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444 43	30% or less	(x)	Non-Hispanic/Non-Latin/al/olf					2	
Alia	30% or less	(x leased rental unit	Non-Hispanic/Non-Latin(a)(o)(2 7	434
A A A A A A A A A A	51-80%		Hispanic/Latin(a)(o)(x)					2	434
4 14 4 1	51-80%		Hispanic/Latin(a)(o)(x)					4	
418 43 3 5 5 384.46 to Capender Woman White Hapanic/Latical(s)(s) 5 384.46 to Capender Woman White Hapanic/Latical(s)(s) 5 393.46 to Capender Woman White Hapanic/Latical(s)(s) 5 294.08 to Capender Woman White Hapanic/Latical(s)(s) 6 294.08 to Capender Woman White Hapanic/Latical(s)(s)	30% or less		Hispanic/Latin(a)(o)(x)					1	
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418 418 3 5 5 384.46 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 5 394.46 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 5 294.08 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 420 5 294.08 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 420 5 319.47 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 420 5 319.47 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 420 5 4.95.65 to Capender Woman White Hapanic/Latinal(s)(N) 420 420 420 420 420 420 420 420 420 420	30% or less		Hispanic/Latin(a)(o)(x)					2	400
418 33 \$ 384.6	30% or less		Non-Hispanic/Non-Latin(a)(o)						440
418 418 3 5 5 384.46 to Colored Volume Vinite 418,0416/14 (144) 3 5 5 384.46 to Colored Volume Vinite 420 (144) 420 5 5 384.46 to Colored Volume Vinite 430 (144) 420 5 5 284.08 to Colored Volume Vinite 430 (144) 420 5 5 284.08 to Colored Volume Vinite 430 (144) 420 5 5 284.83 to Colored Man Vinite 441 (144) 420 5 5 319.47 to Colored Man Vinite 442 (144) 420 5 5 319.47 to Colored Volume Vinite 443 (144) 420 5 5 319.47 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 4.79.66 to Colored Volume Vinite 443 (144) 420 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	30% or less	a l	Hispanic/Latin(a)(o)(x)					2 2	
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A13	30% or less	leased rental unit	Hispanic/Latin(a)(o)(x)						450
418 419 419 419 420 430 430 430 430 430 430 430 430 430 43	30% or less	(x)	Non-Hispanic/Non-Latin(a)(o)(I.	404
41.8 3 5 38.4.6 10 Cagender Woman White Hispanic/Latin(a)(o)(x)	30% or less	leased rental unit	Hispanic/Latin(a)(o)(x)						454
418 418 3 5 5 384.46 to Cagender Wanna White Hapanic/Latinal/O(N) 420 5 394.46 to Cagender Woman White Hapanic/Latinal/O(N) 420 5 294.08 to Cagender Woman White Hapanic/Latinal/O(N) 420 5 294.08 to Cagender Man White Hapanic/Latinal/O(N) 420 48.25 to Cagender Man White Hapanic/Latinal/O(N) 420 5 319.47 to Cagender Man White Hapanic/Latinal/O(N) 420 5 319.47 to Cagender Man White Hapanic/Latinal/O(N) 420 5 319.47 to Cagender Woman White Hapanic/Latinal/O(N) 420 5 319.47 to Cagender Woman White Hapanic/Latinal/O(N) 420 5 4.95.68 to Cagender Woman White Hapanic/Latinal/O(N) 420 5 4.95.68 to Cagender Woman White Hapanic/Latinal/O(N) 420 5 4.95.68 to Cagender Woman White Hapanic/Latinal/O(N) 420 420 5 4.95.68 to Cagender Woman White Hapanic/Latinal/O(N) 420 420 5 4.95.68 to Cagender Woman White Hapanic/Latinal/O(N) 420 420 420 420 620 620 620 620 620 620 620 620 620 6	30% or less	leased rental unit	Hispanic/Latin(a)(o)(x)					n c	43/
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Alia 3 5 Alia	31-30%		Hispanic/Latin(a)(o)(x)					2	433
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3 5 384.65 in Cognition virtual Within Highanit/Latin(a)(x)	643 10 97UC	×	Non-Hispanic/Non-Latin(a)(o)						McA
3 \$ 438.63 in Cagender Wannan White Hispanic/Latin(a)(o)(x)	30% of less	(x)	Non-Hispanic/Non-Latin(a)(o)					4	422
3 \$ 384.55 iii	30% or loss		Hispanic/Latin(a)(o)(x)					2	430
3 5 384.6.6 to Organize trains White Hispaniz Latiful(s)(s):	30% or loss		Hispanic/Latin(a)(o)(x)					3	430
3 \$ 448,55 no Cagender would write the control of t	30% or loss		rispanic/Latin(a)(o)(x)					3	403
	30% or less		Hispanic/Latin/a/(o//x)						414

| Months of Utility Assistance | Total Amount of Utility Assistance | Months of Rental Assistance | Total Amount of Rental Assistance | 267 | 5 | 29,988.23 | 0 | 0 |

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Cisgender Woman Cisgender Man		Transgender Man or Transgender Woman	A gender other than singularly man or woman (e.g. non-binary/genderfluid/agender/culturally specific gender)	Questioning	Client Doesn't Know	Client Refused	Data Not collected	
62	23			0		0		
73%	27%	0%		0%		0%	0%	
					Head of Household Race			
American Indian/Alaska Black/African American/African Native/Indigenous	aska	White	Client Doesn't Know	Client Refused	Data Not Collected	Asian or Asian American	Native Hawaiian or Pacific Islander N	Multiple Races
ω		81		0 0		0	0	0
4%	0%	95%		0%		0%	% 1%	0%
Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Latin(a)(o)(x)	in(a)(o)(x) CI	Client Doesn't Know	Client Refused	Data Not Collected				
37	48	0		0				
44%	56%	0%		0%				
	Rer	Rental Type						
Leased Rental Unit Family/Friends	100	Hotel/Motel	Leased Lot Space/Mooring Fee	Refused/Don't Know				
15	0			1 0				
94%	0%	0%		6%				
AMI	A		1200					
Less than 30% 31-50%	51	51-80%						
55	20	10						
65%	24%	12%						